Adapting For Today

- Betty Thomas, R.N.
- DeWitt Health Care Network
- 5901 Farrell Road
- Fort Belvoir, VA 22060
- (703) 805-0764

Disaster Case Management

Supporting the mission:

- Pentagon disaster care
- Anthrax exposure

Overview

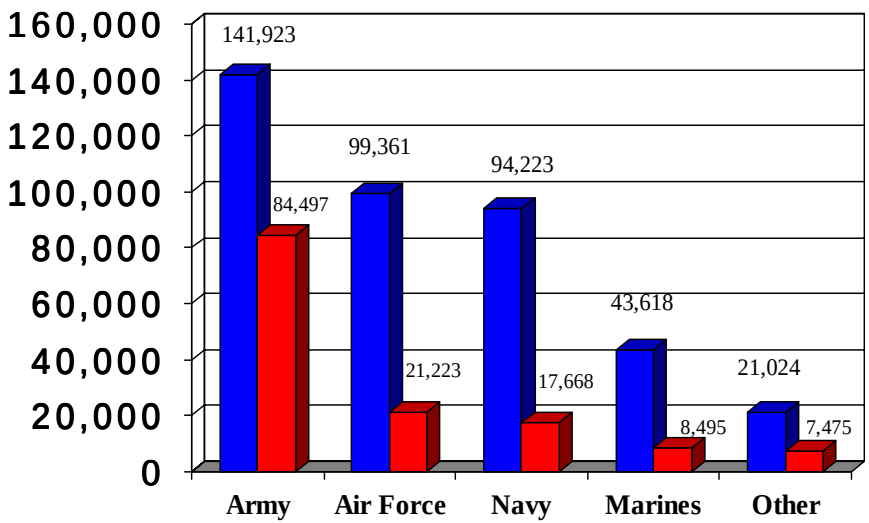
- Military case management
- Disaster management principles
- Summary
- Resources

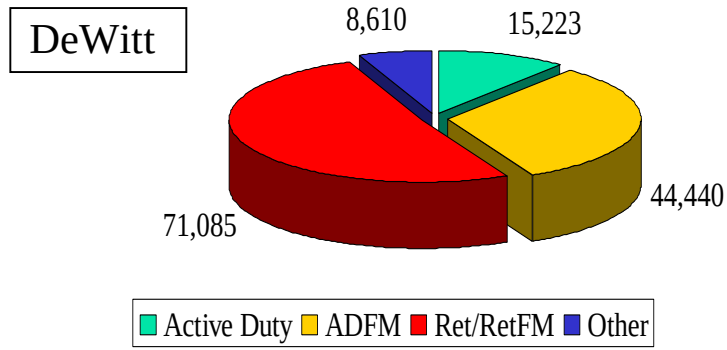
Military Case Management

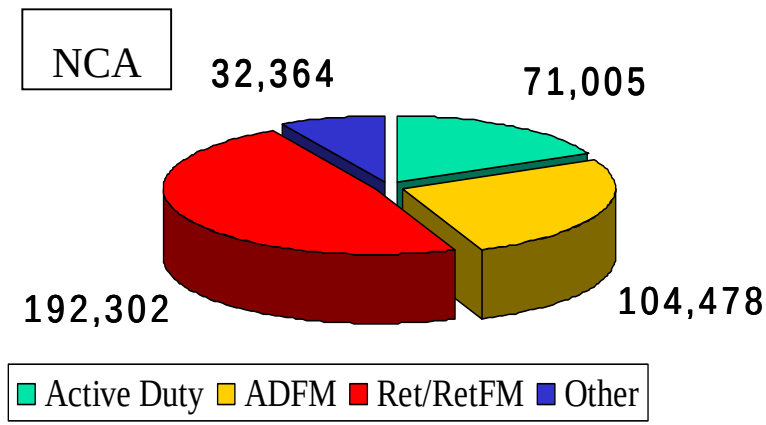
- Unique
- Expanded mission
- Regionalization

DeWitt Network Eligible Population

(National Capital Area vs. DeWitt Catchment Area)







447,617 Eligible beneficiaries live in the NCA

139,358 (31%) are assigned to DeWitt's Catchment Area

TRICARE Enrolled Population

Population: Patient Distribution

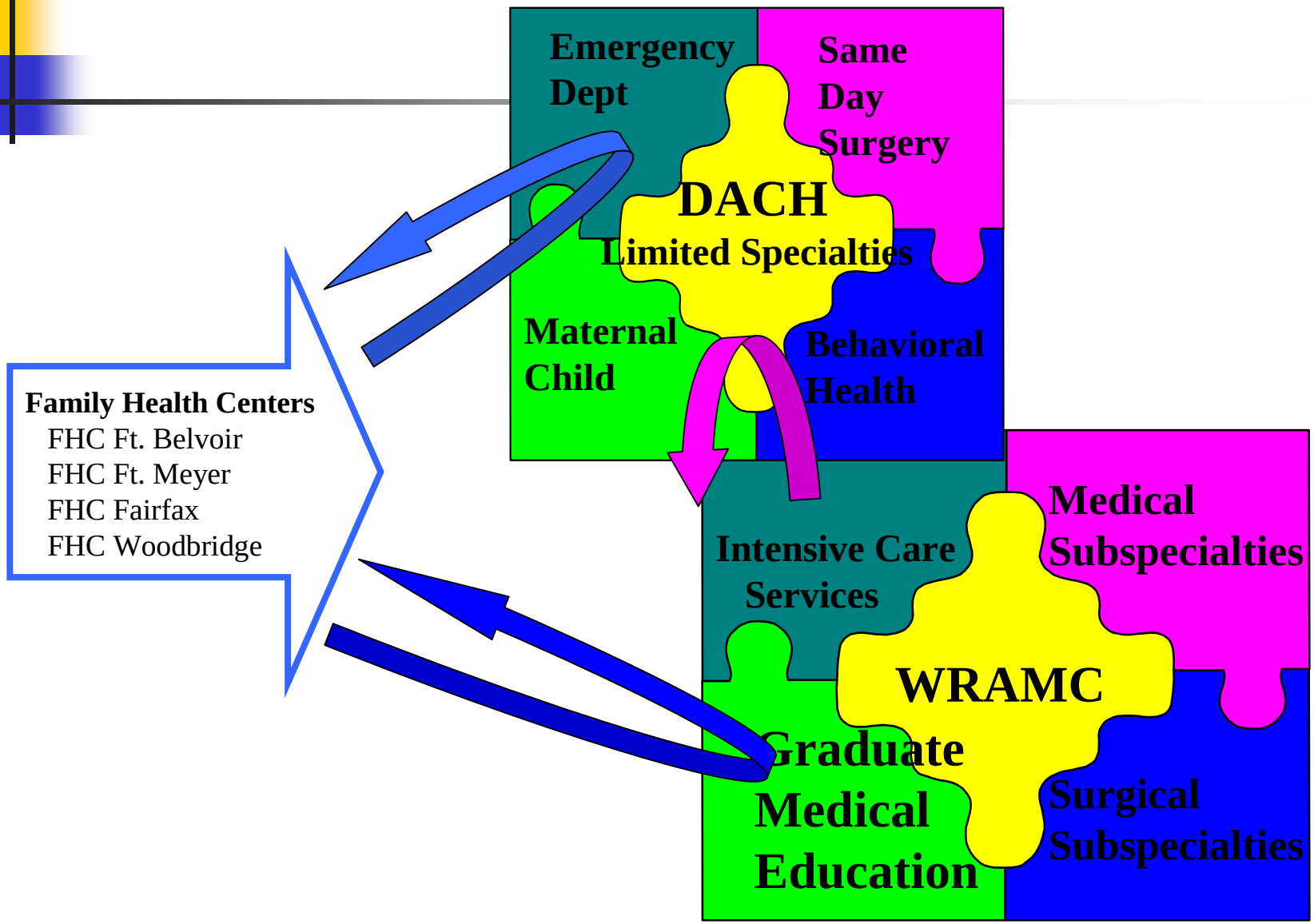
Family or Enrollee Health Centers

TRICARE Prime Enrollment Site	TRICARE Prime	Special Provision Pts.	TOTAL
DeWitt Healthcare Network			
FHC Ft. Belvoir	*27,216*	*2,939*	*30,155*
FHC Ft. Myer	*8,193*	*3,434*	*11,627*
FHC Fairfax	*16,360*	*2,467*	*18,827*
FHC Woodbridge	*23,584*	*1,828*	*25,412*
SUBTOTAL: DACH	**75,353**	**10,668**	**86,021**
Quantico Health Clinic	24,227	611	24,838
DiLorenzo Clinic (Pentagon)	8,923		10,423
TOTAL: NORTHERN VA.	**108,503**	**11,279**	**121,282**

Enrollment numbers as of: Oct, 2002

Source: CHCS

DEWITT: INTEGRAL MEMBER OF THE WALTER REED HEALTH CARE SYSTEM



DHCN-CM Program Structure

Hospital Commander

Deputy Commander Clinical Support

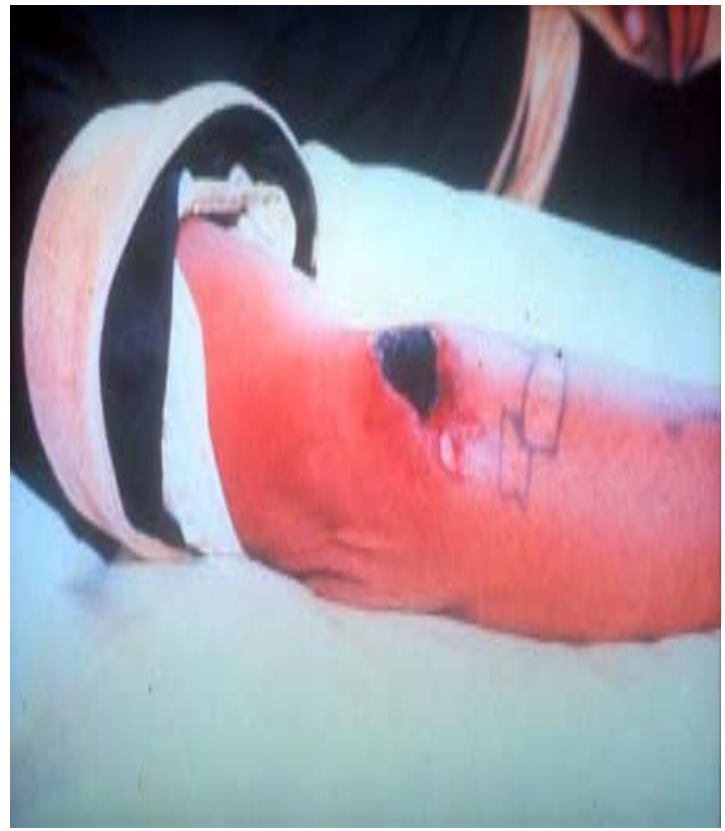
Utilization Manager

Medical Directors

Case Managers

A Day at Dewitt

- 1, 631 Outpatient visits
- 21 Average in-patient census
- 8.6 Surgeries
- 9.9 Admissions
- 9.7 Dispositions
- 2.3 Births
- 3,500 Prescriptions



Disaster Management Principles

- Assure your own safety
- Gather information
- Risk Communication

Personal Disaster Planning

- In your vehicle:
  - Cell phone
  - Water and snack
  - Extra set of clothes appropriate for weather
  - Gas can, tool kit and spare tire with jack and jumper cables
- For your home:
  - 3-5 day supply of staple foods and water
  - Safe room
  - Family plan with meeting place discussed
  - Basic first aid supplies
  - Battery powered radio and extra batteries

Pentagon Disaster

- Why case management
- What you bring to the table

What You Bring to the Table

- Clinical knowledge
- Experience
- Trust
- Care

9/11

- Uniqueness of patient flow
- Communication
- Deployment of human resources

The Day After

- Developing a tool
- What information is needed
- What the patient needs
- AD, GS,and Contract Staff at home, in the MTF, and in civilian hospitals.

Coordination of Efforts

- Primary Care and Community Medicine
- Case Management
- Utilization Management

Initial Tool

Date	Name	Prefix/S	DMIS	Affiliation	Rank/Title	Dx	Follow-up F	Contact

Screening Tool

- Print out CHCS demographic screen
- Emergency CM screening tool

Our Baseline

- We are able, willing and capable
- Our system works
- Communication is still key

Learning points

- Access to care
- Population Management
- Interfacing

One Month Later-Anthrax

- 15 October thru 7 December
- 363 Total cases
- 97 Patients on Antibiotics for 60 days
- 18 Patients offered extended Rx regime

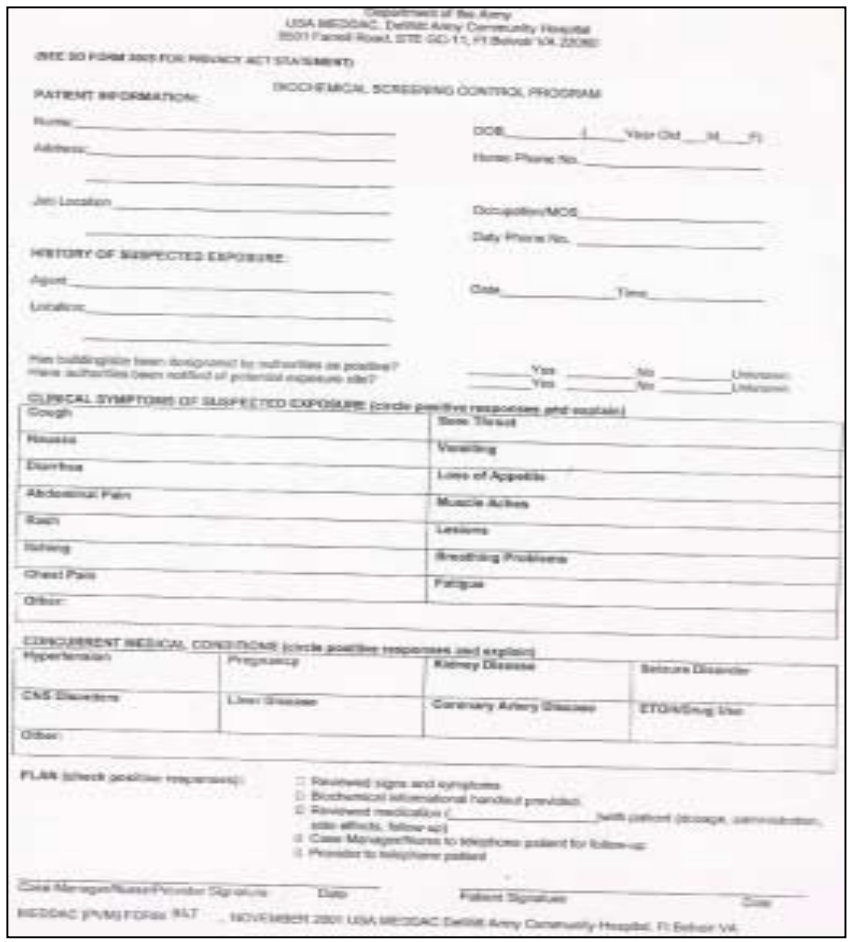
Developing A Plan

- Developed plan: Contact all patients every day.
- Modification of plan: Patient numbers overwhelmed plan quickly.

Anthrax Special Task Force

- Primary Care and Community Medicine
- Case Management
- Preventive Medicine/Occupational Health

Follow-up Tool



Department of the Army
USA MEDDAC, DeWitt Army Community Hospital
[illegible]

(SEE SD FORM 2005 FOR PRIVACY ACT STATEMENT)

BIOCHEMICAL SCREENING CONTROL PROGRAM

PATIENT INFORMATION:

Name: _____ DOB: _____ ( ) Year Old ___ M ___ F)

Address: _____ Home Phone No. _____

_____

Job Location: _____ Occupation/MOS: _____

_____ Duty Phone No. _____

HISTORY OF SUSPECTED EXPOSURE:

Agent: _____ Date: _____ Time: _____

Location: _____

_____

Has building/site been designated by authorities as positive? _____ Yes _____ No _____ Unknown
Have authorities been notified of potential exposure site? _____ Yes _____ No _____ Unknown

CLINICAL SYMPTOMS OF SUSPECTED EXPOSURE (circle positive responses and explain)

Cough	Sore Throat
Nausea	Vomiting
Diarrhea	Loss of Appetite
Abdominal Pain	Muscle Aches
Rash	Lesions
Itching	Breathing Problems
Chest Pain	Fatigue
Other:	

CONCURRENT MEDICAL CONDITIONS (circle positive responses and explain)

Hypertension	Pregnancy	Kidney Disease	Seizure Disorder
CNS Disorders	Liver Disease	Coronary Artery Disease	ETOH/Drug Use
Other:			

PLAN (check positive responses):

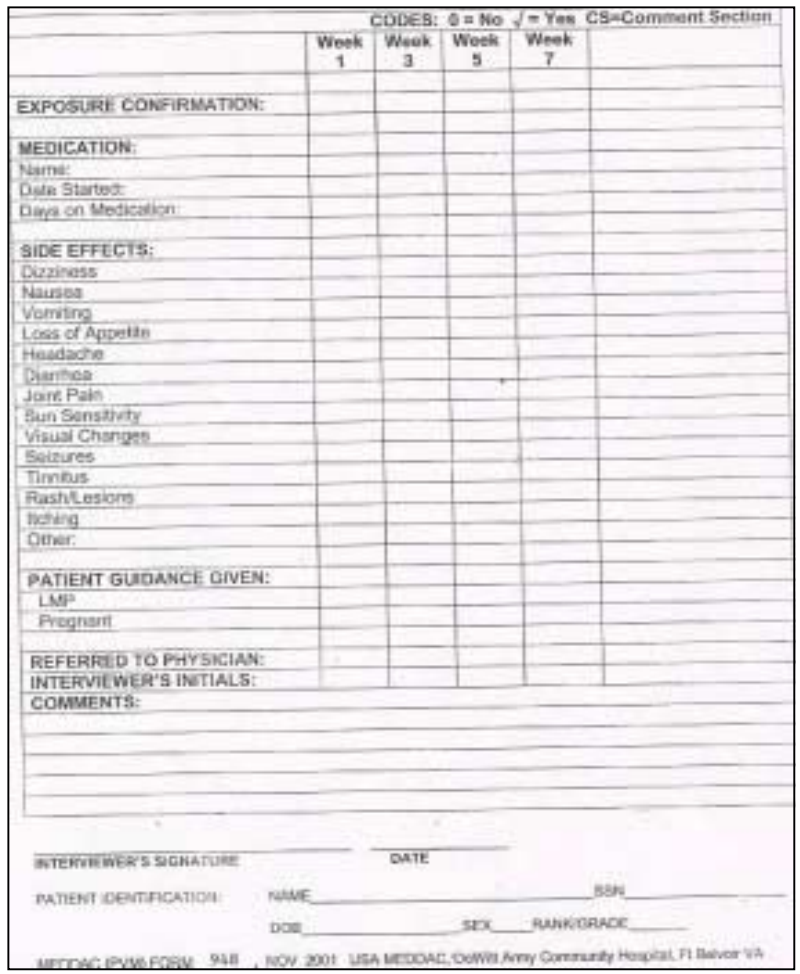
- ☐ Reviewed signs and symptoms
- ☐ Biochemical informational handout provided.
- ☐ Reviewed medication (_____) with patient (dosage, administration, side effects, follow-up)
- ☐ Case Manager/Nurse to telephone patient for follow-up
- ☐ Provider to telephone patient

_____ Date _____ _____ Date

Case Manager/Nurse/Provider Signature Patient Signature

MEDDAC [illegible] FORM 847 NOVEMBER 2001 USA MEDDAC DeWitt Army Community Hospital, Ft Belvoir VA

Follow-up Tool



CODES: 0 = No √ = Yes CS=Comment Section

	Week 1	Week 3	Week 5	Week 7	
EXPOSURE CONFIRMATION:					
MEDICATION:					
Name:					
Date Started:					
Days on Medication:					
SIDE EFFECTS:					
Dizziness					
Nausea					
Vomiting					
Loss of Appetite					
Headache					
Diarrhea					
Joint Pain					
Sun Sensitivity					
Visual Changes					
Seizures					
Tinnitus					
Rash/Lesions					
Itching					
Other:					
PATIENT GUIDANCE GIVEN:					
LMP					
Pregnant					
REFERRED TO PHYSICIAN:					
INTERVIEWER'S INITIALS:					

COMMENTS:

INTERVIEWER'S SIGNATURE _____ DATE _____

PATIENT IDENTIFICATION NAME _____ SSN _____

DOB _____ SEX ____ RANK/GRADE _____

MEDDAC-IPVM-FORM 948 , NOV 2001 USA MEDDAC, DeWitt Army Community Hospital, Ft Belvoir VA

Collaboration With Area Agencies

NORTHERN VIRGINIA HOSPITALS EMERGENCY
COMMUNICATION CENTER
(703) 698-3737
(703) 698-3578 (fax)

FAX TRANSMISSION

TO: Northern Virginia Regional Hospitals Administration, Emergency Departments, and Public Health Authorities

FROM: Northern Virginia Hospitals Emergency Communication Center

DATE: *10/31/2001 5:00 PM*

Re: CDC Advisory #49 Re: Use of Ciprofloxacin or Doxycycline & Environmental Assessment of Washington Area Postal Facilities Receiving Mail Directly from Brentwood

At the request of the Fairfax County Department of Health, the Northern Virginia Hospitals Emergency Communications Center is distributing the following two documents:

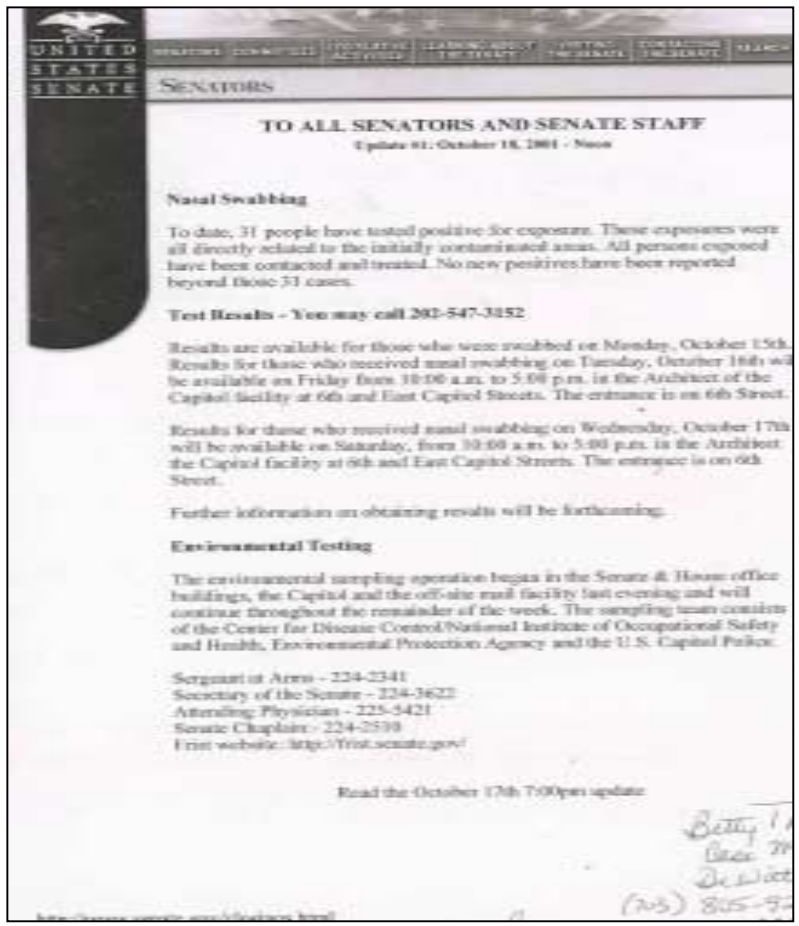
- CDC Advisory #49: Use of Ciprofloxacin or Doxycycline for postexposure prophylaxis for prevention of inhalational anthrax dated October 31, 2001 (1:45 PM)
- Environmental Assessment of Washington Area Postal Facilities Receiving Mail directly from the Brentwood Mail Distribution and Processing Center, Conducted by CDC

This latter document provides the testing status and results from tests conducted at the postal facilities receiving mail from the Brentwood facility. It will be updated as the pending test results are received.

If you have questions about these two documents and their contents, please call the Fairfax County Department of Health at (703) 246-3796.

From: Northern Virginia Hospitals Emergency Communication Center
Telephone: (703) 698-3737
Fax: (703) 698-3578
Total Number of pages 2

Communication Strategies



UNITED STATES SENATE

SENATORS

TO ALL SENATORS AND SENATE STAFF

Update #1: October 18, 2001 - Noon

Nasal Swabbing

To date, 31 people have tested positive for exposure. These exposures were all directly related to the initially contaminated areas. All persons exposed have been contacted and treated. No new positives have been reported beyond those 31 cases.

Test Results - You may call 202-547-3152

Results are available for those who were swabbed on Monday, October 15th. Results for those who received nasal swabbing on Tuesday, October 16th will be available on Friday from 10:00 a.m. to 5:00 p.m. in the Architect of the Capitol facility at 6th and East Capitol Streets. The entrance is on 6th Street.

Results for those who received nasal swabbing on Wednesday, October 17th will be available on Saturday, from 10:00 a.m. to 5:00 p.m. in the Architect of the Capitol facility at 6th and East Capitol Streets. The entrance is on 6th Street.

Further information on obtaining results will be forthcoming.

Environmental Testing

The environmental sampling operation began in the Senate & House office buildings, the Capitol and the off-site mail facility last evening and will continue throughout the remainder of the week. The sampling team consists of the Center for Disease Control/National Institute of Occupational Safety and Health, Environmental Protection Agency and the U.S. Capitol Police.

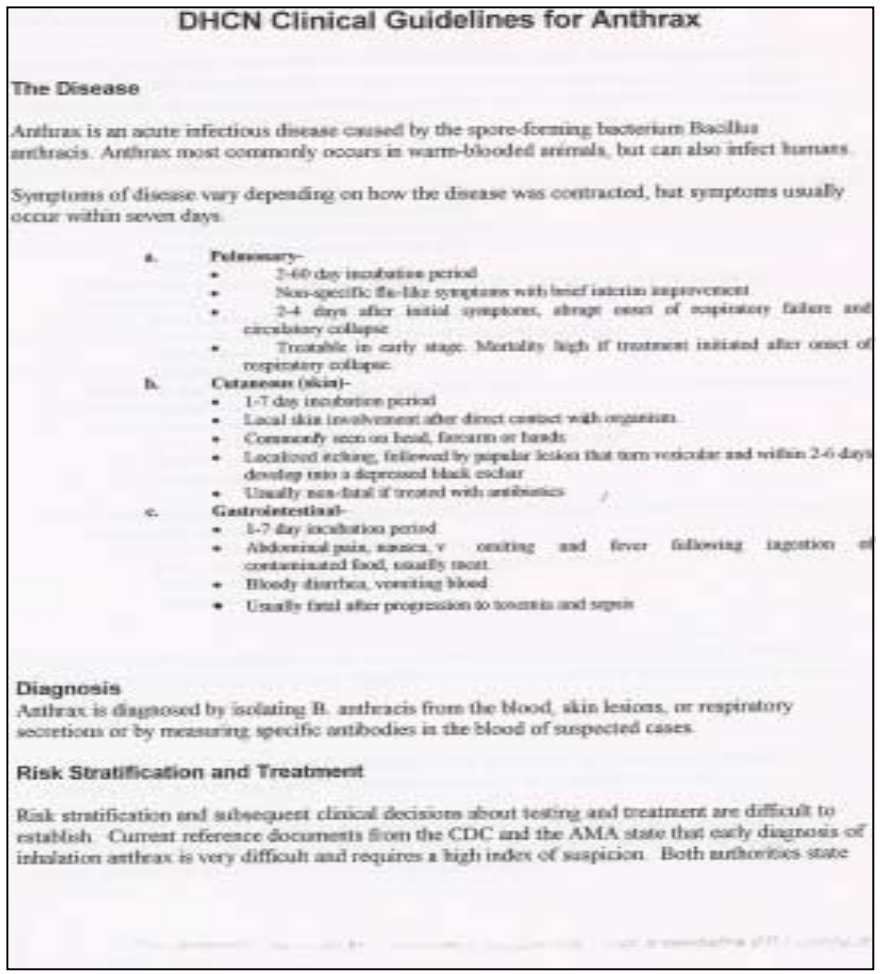
Sergeant at Arms - 224-2341
Secretary of the Senate - 224-3622
Attending Physician - 225-5421
Senate Chaplain - 224-2510
Print website: http://Print.senate.gov/

Read the October 17th 7:00pm update

Data Collection/Tracking

Date of exposure	Suspect Agent	Name	Prefix/Social	DMIS	Rank	Status	Culture (Y/N)	Cipro (Y/N)

Support Tools



DHCN Clinical Guidelines for Anthrax

The Disease

Anthrax is an acute infectious disease caused by the spore-forming bacterium Bacillus anthracis. Anthrax most commonly occurs in warm-blooded animals, but can also infect humans.

Symptoms of disease vary depending on how the disease was contracted, but symptoms usually occur within seven days.

a. **Pulmonary-**
- 2-60 day incubation period
- Non-specific flu-like symptoms with brief interim improvement
- 2-4 days after initial symptoms, abrupt onset of respiratory failure and circulatory collapse
- Treatable in early stage. Mortality high if treatment initiated after onset of respiratory collapse.

b. **Cutaneous (skin)-**
- 1-7 day incubation period
- Local skin involvement after direct contact with organism.
- Commonly seen on head, forearm or hands
- Localized itching, followed by papular lesion that turn vesicular and within 2-6 days develop into a depressed black eschar
- Usually non-fatal if treated with antibiotics

c. **Gastrointestinal-**
- 1-7 day incubation period
- Abdominal pain, nausea, v[illegible] omiting and fever following ingestion of contaminated food, usually meat.
- Bloody diarrhea, vomiting blood
- Usually fatal after progression to toxemia and sepsis

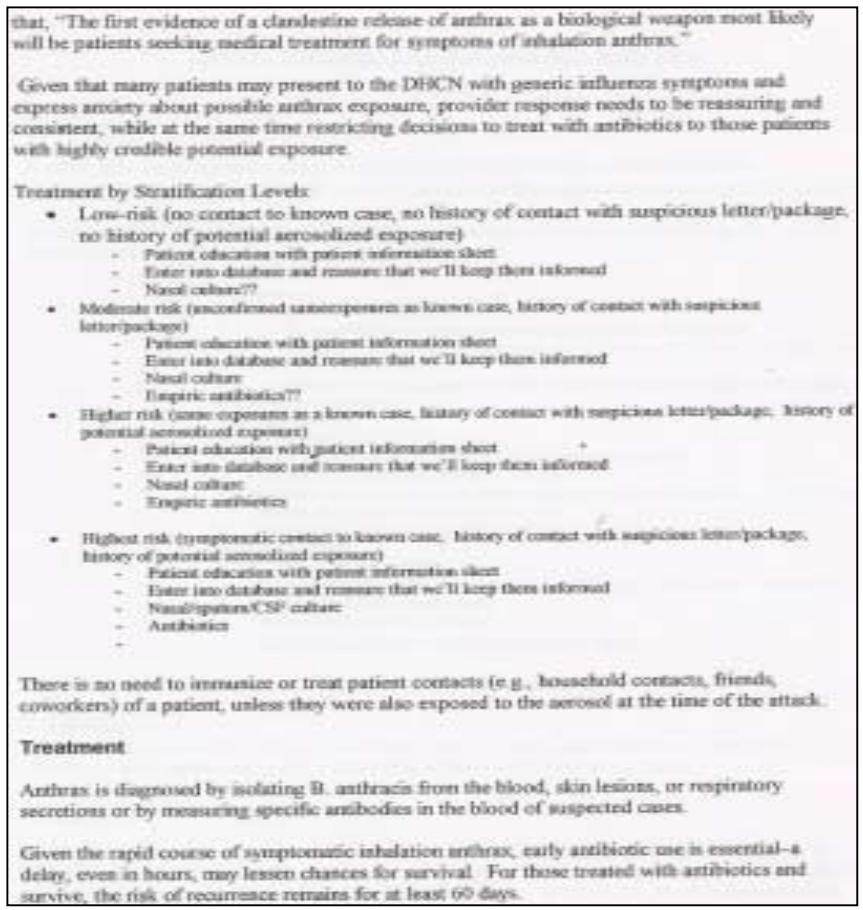
Diagnosis

Anthrax is diagnosed by isolating B. anthracis from the blood, skin lesions, or respiratory secretions or by measuring specific antibodies in the blood of suspected cases.

Risk Stratification and Treatment

Risk stratification and subsequent clinical decisions about testing and treatment are difficult to establish. Current reference documents from the CDC and the AMA state that early diagnosis of inhalation anthrax is very difficult and requires a high index of suspicion. Both authorities state

Support Tools



that, "The first evidence of a clandestine release of anthrax as a biological weapon most likely will be patients seeking medical treatment for symptoms of inhalation anthrax."

Given that many patients may present to the DHCN with generic influenza symptoms and express anxiety about possible anthrax exposure, provider response needs to be reassuring and consistent, while at the same time restricting decisions to treat with antibiotics to those patients with highly credible potential exposure.

Treatment by Stratification Levels:

- Low-risk (no contact to known case, no history of contact with suspicious letter/package, no history of potential aerosolized exposure)
  - Patient education with patient information sheet
  - Enter into database and reassure that we'll keep them informed
  - Nasal culture??
- Moderate risk (unconfirmed same exposures as known case, history of contact with suspicious letter/package)
  - Patient education with patient information sheet
  - Enter into database and reassure that we'll keep them informed
  - Nasal culture
  - Empiric antibiotics??
- Higher risk (same exposures as a known case, history of contact with suspicious letter/package, history of potential aerosolized exposure)
  - Patient education with patient information sheet
  - Enter into database and reassure that we'll keep them informed
  - Nasal culture
  - Empiric antibiotics
- Highest risk (symptomatic contact to known case, history of contact with suspicious letter/package, history of potential aerosolized exposure)
  - Patient education with patient information sheet
  - Enter into database and reassure that we'll keep them informed
  - Nasal/sputum/CSF culture
  - Antibiotics
  -

There is no need to immunize or treat patient contacts (e.g., household contacts, friends, coworkers) of a patient, unless they were also exposed to the aerosol at the time of the attack.

Treatment

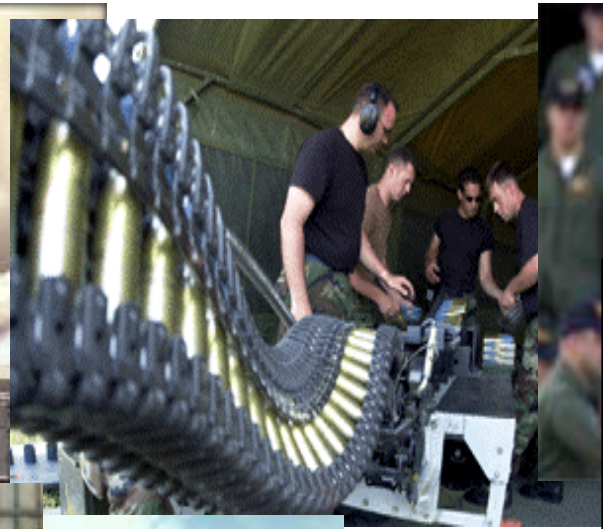
Anthrax is diagnosed by isolating B. anthracis from the blood, skin lesions, or respiratory secretions or by measuring specific antibodies in the blood of suspected cases.

Given the rapid course of symptomatic inhalation anthrax, early antibiotic use is essential--a delay, even in hours, may lessen chances for survival. For those treated with antibiotics and survive, the risk of recurrence remains for at least 60 days.

Learning Points

- Extended engagement
- Flexibility
- Clinical coordination

Special Program



CLINICAL PRACTICE GUIDELINE FOR POST-DEPLOYMENT HEALTH EVALUATION AND MANAGEMENT

VERSION 1.1
SEPTEMBER 2000/
UPDATE DECEMBER 2001

Department of Defense
Veterans Health Administration

Special Program

Operation Solace

Care Manager Role:

- Medical Advocate and Support
- Bolster Patient-Provider Relationship
- Referral Coordination
- Data Integration with Outcomes Management

Not Marketed as a Mental Health Provider

Special Program

Operation Solace Process

Patient Presents with Concern or Complaint

Is you visit today related to?

Deployment?

Terrorism?

BW Exposure?

No PC since Redeployment?

PC Workup

Care Manager Referral

Assessment,

Support,

Referral…

Transforming For Tomorrow

- Review your facility plan
- Develop a strategy
- Modify plan as needed
- Form coalitions and partner with other case managers and local community agencies

What Patients Want

- Care
- Truth
- Information
- Reassurance

What The Community Expects

- Expertise
- Focus on safety (do no harm)
- Timely dissemination of information
- Coordination of efforts

What We Can Deliver

- World class experience
- Dedication
- Commitment
- Caring

In Summary:

- No one knows what tomorrow will bring.
- But we do know that having an established plan and teamwork is the frame work for obtaining the best possible outcomes.

Where to get more information

- www.army.mil
- www.bt.cdc.gov
- www.bt.cdc.gov/mmwr
- www.hopkins-biodefence.org
- www.redcross.org
- www.disasterrelief.org
- www.fema.gov
- www.411.com
- www.hhs.gov

Questions?

Betty Thomas, R.N.

Utilization Management

DeWitt Health Care Network,

FT Belvoir, VA

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